

17cv5035 DSD/TAL

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CLERK, U.S. DISTRICT COURT .
ST. PAUL, MN

EXHIBITS

SCANNED

NOV 06 2017

U.S. DISTRICT COURT ST. PAUL



Date: First went blind and made a complaint; double treatment

EXHIBIT 1

Medical Request (Recuesta Médica)

Inmate Name: Mr. [illegible]

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: Wing

Unidad Del Module: _____

Date: 11-12-15

Fecha: _____

Inmate request: [illegible]

Razon De La Visita: _____

Inmate Signature: [illegible]

Firma Del Preso: _____

Received by: AP RN

Date: 11/13/15

Time: 0730



Medical Request (Recuesta Médica)

EXHIBIT 2

Date: After 1 coming back from Washington

1st toe

Inmate Name: Mr. William Spencer

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: See

Unidad Del Modulo: _____

Date: 11-16-17

Fecha: _____

Inmate request: He wants to see

Razon De La Visita: _____

the doctor, and he
is still in custody
and they had to
stop in prison.

Inmate Signature: [Signature]

Firma Del Preso: _____

Received by: [Signature]

Date: 11/16/17 Time: 2:22

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No

Co-Pay Assessed: ☐ Yes ☐ No



Date: Firs made complaint about my left foot.

EXHIBIT 3

Medical Request (Recuesta Médica)

Inmate Name: YUAN YUAN

Nombre Del Preso: _____

SPN #: 2927

Numero De Identificacion Del Preso: _____

Housing Unit: 509

Unidad Del Modulo: _____

Date: 11-28-15

Fecha: _____

Inmate request: I need

Razon De La Visita: _____

for medical

my foot pain

A.S.A.P

Inmate Signature: Yuan Yuan

Firma Del Preso: _____

Received by: CM4B4

Date: 11/28/15 Time: 1503

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No

Co-Pay Assessed: ☐ Yes ☐ No



Date: Infection in foot (12-02-15)

EXHIBIT 4

Medical Request (Recuesta Médica)Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SegDate: 12/02/2015

Inmate request: I need to see
the doctor about my
foot. My left foot is
in pain & swelling I
have, and infection I need
some medical treatment

Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: [Signature] Date: 12/3/15 Time: 0800

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 5



Medical Inmate Memo

Inmate Name:

Spencer, Marvin

Housing Unit:

JA

Record Copies are .25 per page; you will be sent a letter stating the total amount owed for 2 sets of copies.

The copies will need to be paid for via your consent out of your account & the records will be available for 30 days. If you do not consent to pay in those 30 days the copies will be destroyed. Thank you.

Signature:

JA 4325

Date:

12/4/15

White - Chart Copy

Yellow - Inmate Copy

Medical Inmate Memo

Version 3

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Medical Request (Recuesta Médica)

EXHIBIT 6

Date: 12-5-16, I make request to change my medication

Inmate Name: Marvin Spencer

SPN #: 69924

Housing Unit: Segmentation 1

Date: 12/5/2016

Inmate request: I'm asking a

medication for my foot
infection to be changed.
The 9300000, 03 0000
med make, 030000,

Inmate Signature: _____

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Bladder and Kidney
Medication. Sh. I'm asking
for a

Firma Del Preso: _____

Received by: _____

064350

11/12/16



EXHIBIT 7

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: 508

Unidad Del Modulo: _____

Date: 12-10-15

Fecha: _____

Inmate request: I need to see

Razon De La Visita: _____

eye doctor. my right eye
is runing, and I can't
realy see, blurry

Inmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: WDSDate: 12/10/15Time: 0845

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

12/11/15 ①

Mr Spencer, 6924

I have reviewed your chart, medications and recent clinic visits. I have discontinued the Bactrim and prescribed Amoxicillin for improved treatment compliance. You will take it 3 times a day for 10 days. Contact the clinic with any questions or concerns.

Thank you,

Gwen Blossom CNP

Court Exhibit No:

Spencer, Marvin 02/03/1963
NURSE NOTE/VERBAL ORDERS
Office/Outpatient Visit
Visit Date: Tue, Jan 6, 2015 05:42 pm
Provider: Michelle Skroch, RN (Supervisor: Todd Leonard, MD)
Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/06/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Patient seen in clinic to remove sutures and discuss reasoning for not signing diabetic flow sheet.

HPI: Inmate states he thinks it's stupid that he has to sign the flow sheet.

States he had a piece of metal under the skin on the bottom of his foot so he took a toenail clipper and dug it out the other day.

States he had been letting his foot air out anytime he is in lock down. Denies picking at the area.

OBJECTIVE:

Exams: Small scab on the bottom of his foot where he claims he removed a piece of metal. Healing well. no signs of infection. Wound closed.

Sutures intact. Wound under the sutures scabbed over yet slightly moist. Skin peeled back along the edges as if it was intentionally removed - scab extends into this region. Lower half of the wound is between the toes. Visible only when separating the toes. Gapping. No sutures here. Wound bed white. Surrounding skin macerated. When toes separated, the scabbed area of the upper half of the wound cracks open under the sutures. Odorous. CMS intact of all toes. Foot not warm, red, or swollen. Inmate quick to touch affected area and pry toes apart, especially when nursing staff looks away to prepare dressings or consult with the provider. Cleansed with sterile water. Small amount of yellow drainage.

PLAN: Inmate explained the purpose of signing the flow sheet - he states he'll think about signing it.

Told to let us know in the future if he thinks something is not right about his foot and we will proceed forward. He, under no circumstances, should ever take a toenail clipper to remove something from his foot.

Telfa applied between the toes and secured in place with tape. Inmate to keep dressing intact. Will call to clinic daily for dressing change. Will remove sutures when ready. Inmate aware we will call housing prior to seeing him so he can remove dressing and shower prior to coming down - verbalized understanding. NP Gwen and Dr. Todd consulted, agree with above plan. VORB to discontinue Bactrim and start Clindamycin 300mg 1 tab PO TID x 10 days.

ADDENDUMS:

Addendum: 01/06/2015 06:15 PM - Pfeifer, Alyssa

Spencer, Marvin 02/03/1963

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Wed, Jan 7, 2015 10:12 am

Provider: Cassandra James, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/07/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Inmate seen for dressing change between toes and for sick call:

1/6/15: "Refund for pain medicin. this was due to facility plasing me in a unit that closed down. I'm requesting for my \$5.00 refund"

OBJECTIVE:

Exams:

PHYSICAL EXAM:

SKIN: Maceration present in between toes on R foot noted. Stitches still intake. Small amount of SS drainage noted on old dressing. Would cleansed with NS and covered with Telfa and tape.

PLAN: Inmate to be seen daily for dressing change. Inmate did not bring up sick call when writer asked inmate if there was anything else that he needed today. Inmate returned to housing.

ADDENDUMS:

Addendum: 01/07/2015 02:33 PM - Leonard, Todd A

GB

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Sgt. Kolbinger

8/22/16

EXHIBIT 11

NOVA

adequate foot ware shoes

Mr Spencer, 6934

The shoes have been requested. This has been sent to USM for approval. Approval has not been received at this time. The request for eye surgery has been deferred at this time by the USM. This request will be re-evaluated after a follow up evaluation.

Thank you,

Gwen Blossom FNP

One week later after incident, I was move out of unit

EXHIBIT 12

Sherburne County Jail

Informal Disciplinary Action/Notice of Violation and Sanction

ICR #: 2014027772 Badge #: 3341

Sanctions not to exceed 24 hours

Inmate: Spencer, Marvin

DOB: 02/03/14

PIN: 6924

DATE: 12/11/14

You have been cited for the following violation(s) of rules outlined in the Inmate handbook:

Incident

Rule #: 41

Rule #: 55

Rule #: _____

Rule #: _____

Rule #: _____

Witnesses: _____

Type of Inmate: USM

Type of

Incident: Failure to Comply

Place of

Incident: Gamma

Time of

Incident: 1000

Description of Incident:

On 12/11/14 I, CO Rourke, Jim (badge #3341) was assigned as one of the Gamma Housing Officers. At 1000 hours Inmate Spencer, Marvin (SPN 6924 DOB 02/03/63) approached the staff desk and informed us that he could not make a phone call because his phone pin was in use. It was discovered what inmate was using his phone pin and while I was escorting that inmate to his cell Inmate Spencer approached him. Inmate Spencer stated "Are you the one using my phone pin" and the two inmates squared off with each other in a menacing posture. I instructed both inmates to lockdown and they both failed to comply with my lockdown order. The inmates continued to square off and yell about the phone pin while I continued to tell both inmates to lockdown. It took 3 lockdown orders for Inmate Spencer to comply and start to walk to his cell. Inmate Spencer was then informed that he would be locked down and was secured in his cell. End of Report.

Sanctions Administered:

9. hours lockdown ☒ Unit/Cell Lockdown ☒ Loss of library use ☒ Loss of AA

☒ Change of quarters ☐ Loss of Commissary ☒ Loss of telephone ☒ Loss of TV

☒ Separation/Segregation ☒ Loss of Activity Room Use ☐ Loss of general visitation ☒ Loss of Programs (Specify)

☐ Loss of gym/rec ☒ Loss of church/pilot outreach ☐ Loss of School ☐ Loss of Programs (Specify)

☐ Loss of community Release (Detail sanction below): ☐ Other : Creative Sanction (explain): _____

Detail or Explanations: _____

Sanctions to begin on 12/11/14,

Date

1000,

Time

Sanctions end on 12/11/14,

Date

2000,

Time

☒ Problem Report ☒ Tracking Sheet Problem Report

☒ Incident Report # 2014027772

Correction Officer

Badge#

Date

Time

Programmer

TASKMAN NOTE

From: Leonard, Todd
Date: 04/20/2015 02:15 PM
To: Orders, DR
Subject: Spencer, Marvin
Priority: Normal
Category: Other

Please give to patient,

Mr Spencer,

I spoke with the Podiatrist, Dr Runde, he recommends for you to purchase the shoes with the velcro straps. These can be bought through the commissary. He stated the toe/foot has healed well. They will offer you additional padding and support. I have checked your Keefe account and there is sufficient funds for this purchase. Continue to contact the clinic for your medical concerns.

Thank you,

Gwen Blossom FNP

Attachments:

Open chart: Spencer, Marvin



CORRECTIONAL CARE

Look at Date 11-16-17

Medical Request (Recuesta Médica)

EXHIBIT 14

Inmate Name: Alvin Spencer Sr.SPN #: 69234Housing Unit: SegregationDate: 12-12-2015Inmate request: Want to requestand exam of my left foot.It's been blood to 30 daysbefore I had any hemat.Want to see if the medical isin my bone.Inmate Signature: Alvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Request: for xkdExray

Firma Del Preso: _____

Received by: _____

GM-1346Date: 12/12/15Time: 2200

Addressed by: _____

Date: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoGo-Pay Assessed: ☐ Yes ☐ No



CORRECTIONAL CARE

Date: 12-13-15 EXHIBIT 15
Medical Request (Recuesta Médica)

Inmate Name: Alfonso Spencer

Nombre Del Preso: _____

SPN #: 66974

Numero De Identificacion Del Preso: _____

Housing Unit: SEA

Unidad Del Modulo: _____

Date: 12-13-15

Fecha: _____

Inmate request: IO: Unknown this

Razon De La Visita: _____

should concern, I'm making
a request to see this
eye doctor, my right eye
is becoming increasingly
blurry and it's annoying.

Inmate Signature: Alfonso Spencer

Firma Del Preso: _____

Received by: COX/STCDate: 12/13/15 Time: 2152

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No



Medical Request (Recuesta Médica)

EXHIBIT 16

Inmate Name: Yvon Spencer

SPN #: 1624

Housing Unit: 309

Date: 11-16-15

Inmate request: I want to know

the date that I can

request a CIPD

for me

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Inmate Signature: [Signature]

Firma Del Preso: _____

Received by: [Signature]

Date: 12/16/15 Time: 0800

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No

Co-Pay Assessed: ☐ Yes ☐ No



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

EXHIBIT 17

Date: Request to see my doctor, 12/17/15

Inmate Name: Hervin Sanchez

Nombre Del Preso: _____

SPN #: 60824

Numero De Identificacion Del Preso: _____

Housing Unit: Segregation

Unidad Del Modulo: _____

Date: 12-17-15

Fecha: _____

Inmate request: I want to see my doctor

Razon De La Visita: _____

to see my doctor in

St. Paul Health Unit

Medicine Clinic.

Should my doctor

Inmate Signature: [Signature]

Firma Del Preso: _____

Received by: GM4346

Date: 12/15/15 Time: 2:32

Addressed by: _____

Date: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No

Co-Pay Assessed: ☐ Yes ☐ No



Medical Request (Requersta Médica)

Detec's Complaint, 1-2-16

EXHIBIT 18

Inmate Name: Mr. William Spence

SPN #: 10924

Housing Unit: Sec

Date: 1-23-16

Inmate request: 10:30 am

I'm writing to request

for your Minnesota

License Nurse, so

that I can make a complaint

to the Board of Nursing

Inmate Signature: [Signature] Firma Del Preso: _____

Received by: 4999 Date: 1-22-16 Time: 2:00

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No

Thank you

Razon De La Visita: _____

Fecha: _____

Unidad Del Modulo: _____

Numero De Identificacion Del Preso: _____

Nombre Del Preso: _____

Date:

EXHIBIT 19



CORRECTIONAL CARE

Medical Inmate Memo

Inmate Name: Marvin Spencer Housing Unit: SH

Mr. Spencer. You have an upcoming eye
appointment for your right eye.

Signature: [Signature] Date: 1/24/16

White - Chart Copy

Yellow - Inmate Copy

Medical Inmate Memo

Version 3

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CORRECTIONAL CARE

552

Diet Order

EXHIBIT 20

Inmate Name: Spencer, Marvin ID: 10924 Unit: SH
 Start Date: 11/9/15 Meal to Start: ☐ Breakfast ☐ Lunch ☐ Dinner

Diet Ordered:

☐ Regular☐ Clear Liquid☐ Bland/Allergy☒ Diabetic☐ Renal☐ Gluten Free☐ Cardiac☐ Dialysis☐ Lactose Intolerant☐ Dental Soft☐ Pregnancy☐ Other _____

Snacks Ordered:

☒ Diabetic HS☐ Pregnancy HS☐ Other _____

Special Considerations/Comments:

Ordered By: ☒ Clinic Staff ☐ Facility Staff

Staff Print/Signature: CRM 432 Date: 1/27/16

EXHIBIT 21



CORRECTIONAL CARE

Date: Diabetic bag mail

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SHDate: February 18, 2016Inmate request: I requestto have my diabeticappointment withDr. [unclear]because he is the bestDr. and is makingme sick.Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

I want to 4461127 about this matterand he said this isa [unclear] case so Iwrote this report to youFirma Del Preso: Thank youReceived by: 4348 Date: 2/18/16 Time: 2000

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 22



CORRECTIONAL CARE

Medical Inmate Memo

Inmate Name: Marvin Spencer Housing Unit: SH

Mr. Spencer, you will need to look up
the address in a phone book or have family
look it up.

Signature: J Thompson Date: 2/29/16

White - Chart Copy

Yellow - Inmate Copy

Date: March 6, 2016

EXHIBIT 23



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: Segregation

Unidad Del Modulo: _____

Date: March 6, 2016

Fecha: _____

Inmate request: I making a request

Razon De La Visita: _____

to review my medical
files. I have to look
for some needed
records.

Inmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: JA 4/1/16Date: 3/1/16 Time: 1045

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

Date: 3/7/16 Denied Me to view records
 IN violation of D.O.C. Policies 500-100

EXHIBIT 24



CORRECTIONAL CARE

Medical Inmate Memo

Inmate Name: Spencer, MarvinHousing Unit: S

Mr. Spencer

The clinic cannot authorize you to 'view' your medical
 record. You can purchase copies at \$0.25 per page. Please
 let us know if you'd like to purchase your health record.

Signature: YMS/KSDate: 3-7-16

Date: Denied @ shoes #3-15-16

EXHIBIT 26



CORRECTIONAL CARE

Medical Inmate Memo

Inmate Name: Spencer, Marvin Housing Unit: SH

Mr. Spencer,

Your request for shoes was referred to podiatry in December 2014. Your records were reviewed from podiatry on 2/24/15 and 4/20/15. It was recommended at that time to purchase the shoes from commissary.

Signature: N330 Date: 3/15/16

White - Chart Copy

Yellow - Inmate Copy

Medical Inmate Memo

Version 3

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CORRECTIONAL CARE

Date: March 10, 2016 hearing lost; (Denied)

Medical Request (Requersta Médica)

EXHIBIT 25

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SHDate: 03/10/2016Inmate request: I amunhappy becausesome hearingloss and needto buy some shoesfrom commissaryInmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: N330 Date: 3/10/16 Time: 1830

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

ID

Medical Request (Recuesta Médica)

EXHIBIT 27

Marvin Spence
424
SCG
6-76

What are you
about a follow
in the eye specialist
an placed. The
it told me he
making and app
ature: Marvin Spence

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

ointment for surgery
so follow up? My
eye is getting worse
and you are talking
about getting USM approval
Firma Del Preso: It was already approved

Date: 3/16/16 Time: 2:30

by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 28

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpenceSPN #: 60124Housing Unit: San AntonioDate: 3/16/16Inmate request: I need to make

a request for you to change
I believe in the afternoon
to three unit this hour
unit at lunch time
cause my work is at

Inmate Signature: Marvin Spence

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Since time, this should
take care of my high
blood pressure
at dinner
Firma Del Preso: Marvin Spence

Received by: _____ Date: 3/16/16 Time: 2:30

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 29



Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer Nombre Del Preso: _____
 SPN #: 6924 Numero De Identificacion Del Preso: _____
 Housing Unit: Segregation Unidad Del Modulo: _____
 Date: March 19, 2016 Fecha: _____
 Inmate request: I want my
insulin changed, back
to what is was, then
I want to go to
live my medication
the first alone
 Inmate Signature: [Signature] Firma Del Preso: _____

Received by: Om454 Date: 3-19-16 Time: 2141
 Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)
 Inmate Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 30



Medical Request (Recuesta Médica)

Inmate Name: [Signature] Nombre Del Preso: _____
 SPN #: 6924 Numero De Identificacion Del Preso: _____
 Housing Unit: 328 Unidad Del Modulo: _____
 Date: 3-21-16 Fecha: _____
 Inmate request: I want for you
to increas my insulin
to 8 units lantus at
each meal time (3)
times a day. This is
what I want for better
 Inmate Signature: _____ Firma Del Preso: _____

Received by: JRN Date: 3/21/16 Time: 0730
 Addressed by: JRN Date: _____ (Refer to medical chart for medical staff response.)



Date: March 29, 2016

Medical Request (Recuesta Médica)

EXHIBIT 31

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SegregationDate: March 29, 2016

Inmate request: To see the
foot Doctor. I have a
3rd toe nail problem
that is bleeding very
badly.

Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: [Signature] Date: 3/30/16 Time: 1500

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

Date: 4/27/16 Foot Pain

EXHIBIT 32

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SCADate: 4/27/2016

Inmate request: I want to
see the Doctor
about my foot
pain

Inmate Signature: Marvin Sp

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: [Signature] Date: 4/27/16 Time: 2000

Addressed by: _____

Date: Pain in my Left foot

EXHIBIT 33



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SegregationDate: April 5, 2016Inmate request: To see thePodiatrist about myleft foot 4th toe isshowing sign of infection, and bleeding Ialso have pain in myInmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

toe.

Firma Del Preso: _____

Received by: Gm434 Date: 4-5-16 Time: 1458

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

CORRECTIONAL CARE

Date: (April 2, 2016)

EXHIBIT 34

Medical Request (Recuesta Médica)

Inmate Name: M/c Marvin SpencerSPN #: 6924Housing Unit: SegregationDate: April 2, 2016Inmate request: For help myleft foot 4th toe is constantlyin pain, and is bleedingall the time. I need to seethe to save my toe notto be put up a waitingInmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

list. This why my toewas amputated in thefirst place. you knowyou need to send outright away. to save my toe

Firma Del Preso: _____

Received by: 4345 Date: 4/7/16 Time: 1430

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

EXHIBIT 35



Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 60924

Numero De Identificacion Del Preso: _____

Housing Unit: 802

Unidad Del Modulo: _____

Date: April 4, 2016

Fecha: _____

Inmate request: I want to

Razon De La Visita: _____

have a physical exam

from the prison

to see if I have

any problems

with my back

Inmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: DA 4444 Date: 4-4-16 Time: 1600

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 36



Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 60924

Numero De Identificacion Del Preso: _____

Housing Unit: 802

Unidad Del Modulo: _____

Date: April 11, 2016

Fecha: _____

Inmate request: To have an

Razon De La Visita: _____

X-ray of the

left foot 3rd toe.

Inmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: DA 4444 Date: 4/11/16 Time: 300

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

EXHIBIT 37



Medical Request (Recuesta Médica)

Inmate Name: WILLIAM GARCIA

Nombre Del Preso: _____

SPN #: 6024

Numero De Identificacion Del Preso: _____

Housing Unit: 503

Unidad Del Modulo: _____

Date: 4/11/16

Fecha: _____

Inmate request: I want to have

Razon De La Visita: _____

a copy of my medicalrecords Sheet Circled pagefrom my medical page forFL Arch. April. 1st1-11-16Inmate Signature: William Garcia

Firma Del Preso: _____

Received by: WAGM RUDate: 4/11/16 Time: 1145

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 38



Medical Request (Recuesta Médica)

Inmate Name: WILLIAM GARCIA

Nombre Del Preso: _____

SPN #: 60154

Numero De Identificacion Del Preso: _____

Housing Unit: 503

Unidad Del Modulo: _____

Date: April 12, 2016

Fecha: _____

Inmate request: I want to

Razon De La Visita: _____

have diabetic inmy medicalpage formy medicalpage formy medicalpage formy medicalInmate Signature: William Garcia

Firma Del Preso: _____

Received by: WAGM RUDate: 4/12/16 Time: 0700

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)



CORRECTIONAL CARE

Date: 13.2016

EXHIBIT 39

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: Seg

Unidad Del Modulo: _____

Date: April 13, 2016

Fecha: _____

Inmate request: to request the

Razon De La Visita: _____

side effects, and what doit treatClindamycin HCl &AmoxicillinInmate Signature: M. Spencer

Firma Del Preso: _____

Received by: 4345Date: 4/14/16 Time: 430

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

CORRECTIONAL CARE

EXHIBIT 40

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: Seg

Unidad Del Modulo: _____

Date: 1-13-16

Fecha: _____

Inmate request: I request a

Razon De La Visita: _____

to relieve my pain.oxycodoneOxycodoneInmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: 67456Date: 4-14-16 Time: 504

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

EXHIBIT 41



Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SegDate: April 13, 2016

Inmate request: I want to
the facility dietitian
I want to ask question
alternate meal.

Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: GRNDate: 4/14/16Time: 0700

Addressed by: _____

Date: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

Date: April 15, 2016

EXHIBIT 42



Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SegDate: April 15, 2016

Inmate request: I want to
make a request to
see physician (that)
detainee. For my
left foot 2nd
toe

Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: BUSBYDate: 4/15/16Time: 0800

Addressed by: _____

Date: _____

(Refer to medical chart for medical staff response.)



CORRECTIONAL CARE

EXHIBIT 43

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SecDate: April 19, 2016Inmate request: I want to make a timely request for an X-ray of the left foot & toe.Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: [Signature]Date: 4/20/16 Time: 1650

Addressed by: _____ Date: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

CORRECTIONAL CARE

EXHIBIT 44

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SecDate: April 28, 16Inmate request: Change my account BSA for Medical X-rayInmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: [Signature]Date: 4/28/16 Time: 1200

Addressed by: _____ Date: _____

(Refer to medical chart for medical staff response.)

BP-A148.070
SEP 98

INMATE REQUEST TO STAFF MEMBER

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Unit Co</i>	DATE:
FROM:	REGISTER NO. :
WORK ASSIGNMENT:	UNIT:

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

(Do not write below this line)

DISPOSITION:

Signature Staff Member:	Date:
-------------------------	-------

Thank you

A request for follow up with the eye specialist has been placed. This will require USM approval, once approved an appointment will be made for you. I will let you know if there is a problem. Contact the clinic with any questions or concerns.

Mr Spencer, 6924

Spencer, Marvin 6924 IV

Mr. Spencer,

We have received your medical requests and they have been forwarded to the provider to follow up. Notify clinic if you have additional concerns.

LB RN 8/20/16



EXHIBIT 45

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SegDate: April 28, 2016Inmate request: I would liketo have a copy ofthe X-ray of myleft foot from April27, 2016Thank youInmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

256

Firma Del Preso: _____

Received by: [Signature] Date: 4/28/16 Time: 0800

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 46



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 10924

Numero De Identificacion Del Preso: _____

Housing Unit: Seg

Unidad Del Modulo: _____

Date: April 29, 2016

Fecha: _____

Inmate request: I Making a

Razon De La Visita: _____

request to see Dr.Iodd about my insulinechang. I request togo back to my 6unit at each meal timeInmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: 41349Date: 4-29-16 Time: 1430

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

CORRECTIONAL CARE

Date: March 1, 2016 Pain, in left foot

EXHIBIT 47

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 10924

Numero De Identificacion Del Preso: _____

Housing Unit: Seg

Unidad Del Modulo: _____

Date: 03/01/16

Fecha: _____

Inmate request: I need to

Razon De La Visita: _____

see the doctor inthe same pain inprimarily areaInmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: 10082Date: 3/8/16 Time: 1830

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 48



Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SegregationDate: April 5th 2016

Inmate request: I want to make it clear that I intend to return to my 10 units of insulin at each meal time this what marks

Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

for me as my doctor had previous

Thank... Chang My insulin Back !

Firma Del Preso: _____

Received by: Kelly Baker Date: 04/04/16 Time: 0810

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 49



Medical Request (Recuesta Médica)

Inmate Name: M. SpencerSPN #: 6924Housing Unit: SecDate: April 18, 2016

Inmate request: I want to make this request for Doctor Bundy to page note about my visit a request for diabetic insides for my shoes

Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

\$50

Firma Del Preso: _____

Received by: Kelly Baker Date: 4/18/16 Time: 0800

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Date: Apr 23, He Foot Pain Infection

EXHIBIT 50



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Mr. Matthew SpencerSPN #: 6924Housing Unit: Bonded UnitDate: April 23, 2016Inmate request: Emergency! Ineed to go to theHospital right awaymy left foot 2ndtoe is in pain andinfected, and changingInmate Signature: Matthew Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Color just like beforethe provider is intentionaltrying to let the infectionspread through my foot.I to go to the HospitalFirma Del Preso: MEND!Received by: AV RN Date: 4/23/16 Time: 12WAddressed by: AV Date: _____ (Refer to medical chart for medical staff response.)Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

CORRECTIONAL CARE

Date: May Left Foot

EXHIBIT 51

Medical Request (Recuesta Médica)

Inmate Name: Matthew SpencerSPN #: 6924Housing Unit: Spanish HousingDate: MayInmate request: I need to seea doctor. my left foot isswelling, and it's redand is in pain. It's painfulto walk on my foot.Need see a real Doctor!Inmate Signature: Matthew Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

I am not receivingadequate medical for mywound, or My Diabetes.To: Dr. Todd Leonard.ONLY. New Provider Need

Firma Del Preso: _____

Received by: AP RN Date: 5/8/16 Time: 0725

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

Date: May 16, 2016

EXHIBIT 52



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 0024

Numero De Identificacion Del Preso: _____

Housing Unit: General Housing

Unidad Del Modulo: _____

Date: May 16, 2016

Fecha: _____

Inmate request: I want to

Razon De La Visita: _____

request the recentCharge my accountreport from the

past doctor.25.4 for theyou can chargeReportme for the copyThank uInmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: MPDate: 5/15/16 Time: 0632

Addressed by: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 53



CORRECTIONAL CARE

Medical Inmate Memo

Inmate Name: Marvin SpencerHousing Unit: G. 130L

Mr. Spencer. The provider has decided to
start you on another antibiotic to take with
your current one.

Signature: J. MonahanDate: 5/29/16

White - Chart Copy

Yellow - Inmate Copy



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: NovaDate: 6-5-16

Inmate request: To see the
provider, My left foot
2nd toe has turned
over and is causing
me pain, swelling

Inmate Signature: [Signature]

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: [Signature] Date: 6/6/16 Time: 0800

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

Date: July 6, 2016 Reaction to Medication

EXHIBIT 55



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: NovaDate: 6-5-16

Inmate request: To see the
doctor 4 allergic
reaction to the
medication

Inmate Signature: [Signature]

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: [Signature] Date: 6/7/16 Time: 0800

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: NewDate: 6-7-2016Inmate request: I want tomake a request tohave an X-Ray of my stomachand left footInmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: [Signature] Date: 6/7/16 Time: 2:25

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

Shoes

EXHIBIT 57



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 6924Housing Unit: SegDate: March 13, 2016Inmate request: I want tomake a request for thedate I was denieddiabetic gym shoes byGewin. She stated Idid not need those at that time.What date was thatInmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Firma Del Preso: _____

Received by: 4345 Date: 6/7/16 Time: 2:00

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Mr. Warren Spencer Sr.SPN #: 6024Housing Unit: NovaDate: June 11, 2016Inmate request: I am writing forthe second time to requesta X-Ray of my leftfoot, as I'm in pain;I'm also requestingan X-Ray of myInmate Signature: Warren Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: I can't take theAntibiotic any longer I'vebeen on this for over90 days. There starting tocause me other problemsnear my foot

Firma Del Preso: _____

Received by: GM4346Date: 6-11-16 Time: 2030

Addressed by: _____ Date: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

EXHIBIT 58



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Mr. Warren SpencerSPN #: 6024Housing Unit: NovaDate: Oct 19/2016Inmate request: I writing to seeseen in Health Serviceregarding my MedicalStatus. I am well fineI you was really concernedI would have provideInmate Signature: Warren Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: me with some gauzeto top my footwith,

Firma Del Preso: _____

Received by: UB 4329Date: 6/20/16 Time: 2000

Addressed by: _____ Date: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: Nova

Unidad Del Modulo: _____

Date: June 19, 2016

Fecha: _____

Inmate request: I have made

Razon De La Visita: _____

a request for an X-Ray of stomach. Ineed to know if havesustained any damagedue AnteluctsInmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: [Signature]Date: 6/20/16 Time: 0910

Addressed by: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

CORRECTIONAL CARE

EXHIBIT 60

Medical Request (Recuesta Médica)

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: Nova

Unidad Del Modulo: _____

Date: 7/25/2016

Fecha: _____

Inmate request: yes, i can

Razon De La Visita: _____

take \$25 from myaccount.May 15, 15Inmate Signature: [Signature]

Firma Del Preso: _____

Received by: [Signature]Date: 7-25-16 Time: 1530

Addressed by: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No



CORRECTIONAL CARE

Medical Inmate Memo

 Inmate Name: Spencer, Marvin Housing Unit: N 6924

If you're looking for the USM denial
 you'll have to contact them directly.

If you're looking for a copy of your
 exam from back in May '15 the cost is
 .25. Thank you.

Signature: 2/325Date: 7/25/16

White - Chart Copy

Yellow - Inmate Copy

Version 3

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Medical Inmate Memo

EXHIBIT 63



CORRECTIONAL CARE

Medical Inmate Memo

 Inmate Name: Spencer, Marvin Housing Unit: N

The clinic does not have releases
 to hand out for personal use.
 Thank you

Signature: 4325Date: 7/28/16

White - Chart Copy

Yellow - Inmate Copy

Version 3

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Medical Inmate Memo



CORRECTIONAL CARE

Medical Request (Recuesta Médica)

EXHIBIT 64

Inmate Name: Mauricio Spencer

SPN #: 104124

Housing Unit: Male

Date: 07-29-2016

Inmate request: Jim make

a second request for

medical Release of

information, so, if

they don't my

Medical Records to

Medical Records to

Medical Records to

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

My Judge, Juan

Richard Nelson.

Firma Del Preso: _____

Date: 7/30/16 Time: 0800

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No

Co-Pay Assessed: ☐ Yes ☐ No

Medical Request (Recuesta Médica)

Version 1

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Date: D.O.C. violation

EXHIBIT 65



CORRECTIONAL CARE

Medical Inmate Memo

Inmate Name:

Spencer, Marvin

Housing Unit:

N

*Mr. Spencer - as previously addressed,
the clinic release form are not
for patient use.*

Thank you

Signature:

[Signature] 4335

Date:

8/1/16

Medical Inmate Memo

White - Chart Copy

Version 3

Yellow - Inmate Copy

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CORRECTIONAL CARE

Medical Request (Requersta Médica)

Inmate Name: Alfonso Spencer

Nombre Del Preso: _____

SPN #: 15125

Numero De Identificacion Del Preso: _____

Housing Unit: Male

Unidad Del Modulo: _____

Date: 08-13-16

Fecha: _____

Inmate request: I have been

Razon De La Visita: _____

making request for
the Bed/Couch, for
my foot pain,
why have u continue
to denied my prescription

Inmate Signature: Alfonso Spencer

Firma Del Preso: _____

Received by: [Signature]

Date: 8/12/16 Time: 715

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No

Medical Request (Requersta Médica)

Version 1

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CORRECTIONAL CARE

Date: 8/15/16 Test Pain EXHIBIT 67

Medical Request (Requerista Médica)

Inmate Name: Wesley Spencer

Nombre Del Preso: _____

SPN #: 60324

Numero De Identificacion Del Preso: _____

Housing Unit: Men

Unidad Del Modulo: _____

Date: 08/15/2016

Fecha: _____

Inmate request: Urine made

Razon De La Visita: _____

4th request to have

the Bon/Wood product

for my foot

stomach

Stomach

Inmate Signature: _____

Firma Del Preso: _____

Received by: Carlyle

Date: 8-15-16 Time: 2020

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No

Medical Request (Requerista Médica)

Version: 1

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CORRECTIONAL CARE

Medical Request (Recuesta Médica)

Date 8-14-16

EXHIBIT 68

Inmate Name: Marvin Spencer

Nombre Del Preso: _____

SPN #: 10924

Numero De Identificacion Del Preso: _____

Housing Unit: Max

Unidad Del Modulo: _____

Date: 8/14/2016

Fecha: _____

Inmate request: I want to know what happened

Razon De La Visita: _____

to my second eye surgery to remove the blood from my right eye

Inmate Signature: Marvin Spencer

Firma Del Preso: _____

Received by: [Signature]

Date: 8/14/16 Time: 1500

Addressed by: _____

Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No

Medical Request (Recuesta Médica)

Version 1

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CORRECTIONAL CARE

Date: 8-19-16

EXHIBIT 69

Medical Request (Recuesta Médica)

Inmate Name: Marvin SpencerSPN #: 69224Housing Unit: HovaDate: 8-14-2016Inmate request: I want to knowhappened to my shoe.The foot doctor saidthey would ready onAugust 2/16.Inmate Signature: Marvin Spencer

Nombre Del Preso: _____

Numero De Identificacion Del Preso: _____

Unidad Del Modulo: _____

Fecha: _____

Razon De La Visita: _____

Received by: 9/13/16Date: 8/19/16Time: 1500

Addressed by: _____

Date: _____

(Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ NoCo-Pay Assessed: ☐ Yes ☐ No

Medical Request (Recuesta Médica)

Version 1

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CORRECTIONAL CARE

Date: 8-24-16

EXHIBIT 70

Medical Request (Recuesta Médica)

Inmate Name: Yusman Spencer

Nombre Del Preso: _____

SPN #: 6924

Numero De Identificacion Del Preso: _____

Housing Unit: 1400

Unidad Del Modulo: _____

Date: 08/24/2016

Fecha: _____

Inmate request: 2. Inmate to

Razon De La Visita: _____

in the medical unit
for a medical check
up on 8/24/16

Inmate Signature: [Signature]

Firma Del Preso: _____

Received by: 4382

Date: 8/24/16 Time: 2000

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No

Medical Request (Recuesta Médica)

Version 1

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CORRECTIONAL CARE

Medical Request (Requersta Médica)

Inmate Name: Marvin SpencerSPN #: 68124Housing Unit: MorocDate: 8/27/16

Inmate request: I want to request to have my medical boot from my U.S. property.

Thank u.

Inmate Signature: [Signature] Firma Del Preso: _____

Received by: [Signature] Date: 8/27/16 Time: 001430

Addressed by: _____ Date: _____ (Refer to medical chart for medical staff response.)

Inmate Seen: ☐ Yes ☐ No Co-Pay Assessed: ☐ Yes ☐ No

Medical Request (Requersta Médica)

Version 1

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EXHIBIT 73

TASKMAN NOTE

From: Kerr, Brian
Date: 12/29/2014 05:11 PM
To: Orders, DR
Subject: Spencer, Marvin
Priority: Urgent
Category: Other

VORB per GB, IBU 600mg tab tid/prn x 5 days. Please order (Ok to use stock 200mg tab x3 until pharm order arrives).

Attachments:

Open chart: Spencer, Marvin

TASKMAN NOTE

From: Kerr, Brian

Date: 12/29/2014 05:11 PM

To: Orders, DR

Subject: Spencer, Marvin

Priority: Urgent

Category: Other

VORB per GB, IBU 600mg tab tid/prn x 5 days. Please order (Ok to use stock 200mg tab x3 until pharm order arrives).

Attachments:

Open chart: Spencer, Marvin

TASKMAN NOTE

From: Leonard, Todd
Date: 12/31/2014 04:49 PM
To: Orders, DR
Subject: Spencer, Marvin
Priority: Normal
Category: Other

Please give to patient,

Mr Spencer,

I have prescribed an additional antibiotic for your foot. It is called Bactrim. You will take it twice a day for 10 days along with the Augmentin. I have requested the medication for peripheral neuropathy of your feet called Cymbalta. I will let you know if there is a problem. I will see you in the clinic in about 1 month unless an urgent or emergent need comes up.

Thank you,

Gwen Blossom FNP

Attachments:

Open chart: Spencer, Marvin

LOG NOTE

Date: 01/02/2015 01:24 PM

Patient: Spencer, Marvin DOB: 02/03/1963

Author: Thompson, Jennie R

Sign Off Date: 01/02/2015 01:27 PM

Signed Off By: Thompson, Jennie R

VORB from Dr. Leonard. Duloxetine HCL 30 mg 1 cap po at QAM x 2 weeks, then 2 caps po at QAM #60 with 3 refills.

LOG NOTE

Date: 01/02/2015 01:24 PM

Patient: Spencer, Marvin DOB: 02/03/1963

Author: Thompson, Jennie R

Sign Off Date: 01/02/2015 01:27 PM

Signed Off By: Thompson, Jennie R

VORB from Dr. Leonard. Duloxetine HCL 30 mg 1 cap po at QAM x 2 weeks, then 2 caps po at QAM #60 with 3 refills.

Spencer, Marvin 02/03/1963

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Thu, Jan 15, 2015 10:03 pm

Provider: Courtney McConnell, CMA (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/12/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

HPI: Inmate called to clinic for visual acuity. Performed visual acuity on the snellen chart. SGT 3418 present in the clinic during visit. Inmate stated that distance is not an issue that he is unable to see up close.

OBJECTIVE:

Exams: Visual Acuity:

Right Eye 20/30 with 1 error.

Left Eye 20/30 without error, 20/25 with 2 errors.

Both Eyes 20/25 with 1 error

PLAN: Inmate returned to housing, sent to MD for review

ADDENDUMS:

Addendum: 01/20/2015 03:08 PM - Leonard, Todd A

Eye exam requested for diabetic follow up.

GB

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Exc Exhibit

EXHIBIT 79

Quest
Diagnostics

Page 1 of 1



02/28/2015 10:31:22 AM

6924

Report Status: Final
SPENCER, MARVIN

Patient Information	Specimen Information	Client Information
SPENCER, MARVIN DOB: 02/03/1963 AGE: 52 Gender: M Phone: 763.765.3850 Patient ID: 6924 Health ID: 8573013360665122	Specimen: WX410518H Requisition: 0000141 Collected: 02/27/2015 / 11:50 CST Received: 02/28/2015 / 01:34 CST Reported: 02/28/2015 / 10:20 CST	Client #: 22672673 4180000 BLOSSOM ENGLAND, GWENDOLYN SHERBURNE CTY JAIL 13880 BUSINESS CENTER DR ELK RIVER, MN 55330

COMMENTS: FAX RESULTS TO 763-765-3817
FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
HEMOGLOBIN A1c		8.5 H	<5.7 % of total Hgb	CB

According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66

For the purpose of screening for the presence of diabetes

<5.7% Consistent with the absence of diabetes
5.7-6.4% Consistent with increased risk for diabetes (prediabetes)
>or=6.5% Consistent with diabetes

This assay result is consistent with diabetes mellitus.

Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.

PERFORMING SITE:

CB QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052

9.1 December 2014

↑
Lantus to
26 units
QHS

Grb
3/2/15

Spencer, Marvin 02/03/1963**NURSE NOTE/VERBAL ORDERS**

Office/Outpatient Visit

Visit Date: Thu, Jan 8, 2015 11:14 am**Provider:** Diana VanDerBeek, (Supervisor: Todd Leonard, MD; Assistant: Diana VanDerBeek,)**Location:** Sherburne County Jail Medical Unit

Electronically signed by provider on 01/08/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:**CC:** Seen for daily dressing change**Allergies:**

No Known Drug Allergies.

Current Medications:

NovoLog 100units/1ml Injection 4 units plus sliding scale at each meal

Atorvastatin Calcium 40mg Tablet Take 1 tablet(s) at 2000

Clindamycin HCl 300mg Capsules 1 cap po tid x 10 days

Duloxetine HCl 30mg Capsules 1 cap po at QAM x 2 weeks, then 2 caps po at QAM

Vitamin D3 1,000IU Tablet 1 cap po at 0800

Lantus 100units/1ml Injection 24 Units at bedtime

Muscle rub 1/4 med cup QHS/PRN. apply to feet for pain.

Lisinopril/Hydrochlorothiazide 10mg/12.5mg Tablet 1 tab po at 0800

OBJECTIVE:**Vitals:****Current:** 1/8/2015 11:19:27 AM**Ht:** 74 inches**T:** 96.7 F (oral)**Exams:** Maceration present in between toes on R foot noted. Stitches still intact. Small amount of serosanguous drainage noted on old dressing. Wound cleansed with NS and covered with Telfa and tape.**PLAN:** Patient to be seen at clinic for future dressing change.

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Sgt Kolbinger

Spencer, Marvin 02/03/1963

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Fri, Jan 9, 2015 10:25 am

Provider: Diana VanDerBeek, (Supervisor: Todd Leonard, MD; Assistant: Diana VanDerBeek,)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/09/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Patient seen for daily dressing change

Allergies:

No Known Drug Allergies.

Current Medications:

NovoLog 100units/1ml Injection 4 units plus sliding scale at each meal

Atorvastatin Calcium 40mg Tablet Take 1 tablet(s) at 2000

Clindamycin HCl 300mg Capsules 1 cap po tid x 10 days

Duloxetine HCl 30mg Capsules 1 cap po at QAM x 2 weeks, then 2 caps po at QAM

Vitamin D3 1,000IU Tablet 1 cap po at 0800

Lantus 100units/1ml Injection 24 Units at bedtime

Muscle rub 1/4 med cup QHS/PRN. apply to feet for pain.

Lisinopril/Hydrochlorothiazide 10mg/12.5mg Tablet 1 tab po at 0800

OBJECTIVE:

Exams: Wound appears further pulled apart for last visit. Maceration present in between toes on R foot noted. . Small amount of serosanguous drainage noted on old dressing. Wound cleansed with NS and covered with Telfa and tape.

PLAN: Sent to provider for approval of three blankets for positioning and review regarding stitches

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Foot Issue

Spencer, Marvin 02/03/1963**NURSE NOTE/VERBAL ORDERS**

Office/Outpatient Visit

Visit Date: Sat, Jan 10, 2015 07:33 pm**Provider:** Alyssa Pfeifer, RN (Supervisor: Todd Leonard, MD)**Location:** Sherburne County Jail Medical Unit

Electronically signed by provider on 01/10/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:**CC:**

Inmate seen in clinic for dressing change.

HPI:

Inmate reports new cuts appeared after taking a shower and scrubbing. Denies picking at foot.

Allergies:

No Known Drug Allergies.

Current Medications:

NovoLog 100units/1ml Injection 4 units plus sliding scale at each meal

Atorvastatin Calcium 40mg Tablet Take 1 tablet(s) at 2000

Clindamycin HCl 300mg Capsules 1 cap po tid x 10 days

Duloxetine HCl 30mg Capsules 1 cap po at QAM x 2 weeks, then 2 caps po at QAM

Vitamin D3 1,000IU Tablet 1 cap po at 0800

Lantus 100units/1ml Injection 24 Units at bedtime

Muscle rub 1/4 med cup QHS/PRN. apply to feet for pain.

Lisinopril/Hydrochlorothiazide 10mg/12.5mg Tablet 1 tab po at 0800

ASSESSMENT:

Right anterior foot 4th toe appeared two approximately 4mm red abrasions, small amount of blood noted when dabbed with gauze.

Maceration between 3rd and 4th toe, appears white and moist. Stitches in tact. Wound dry.

Cleaned with normal saline and dried with gauze. Wound covered with 3/4th of non-adhesive Tefla and secured with 2 strips of tape.

Calm and cooperative. Normal steady gait. Made good eye contact. Inmate removed shoe and sock and then spread toes apart and touched open wounds.

PLAN:

Instructed inmate to not touch wounds and not to pick at wounds. Instructed inmate to not scrub wounds, instead let water run over them and air dry. Inmate verbalized understanding. Inmate ambulated back to housing unit.

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Foot Issue

Sgt. Kolbinger put me in a abandon
unit

Spencer, Marvin 02/03/1963

EXHIBIT 83

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Sun, Jan 11, 2015 05:54 pm

Provider: Alyssa Pfeifer, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/11/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC:

Inmate seen in clinic for dressing change.

HPI:

Reports foot "feels good" today. Reports not planning on taking a shower today but washes foot every day. Inmate removed sock, shoe and wound dressing from right foot.

Allergies:

No Known Drug Allergies.

Current Medications:

NovoLog 100units/1ml Injection 4 units plus sliding scale at each meal

Atorvastatin Calcium 40mg Tablet Take 1 tablet(s) at 2000

Clindamycin HCl 300mg Capsules 1 cap po tid x 10 days

Duloxetine HCl 30mg Capsules 1 cap po at QAM x 2 weeks, then 2 caps po at QAM

Vitamin D3 1,000IU Tablet 1 cap po at 0800

Lantus 100units/1ml Injection 24 Units at bedtime

Muscle rub 1/4 med cup QHS/PRN. apply to feet for pain.

Lisinopril/Hydrochlorothiazide 10mg/12.5mg Tablet 1 tab po at 0800

ASSESSMENT:

Right anterior foot 4th toe appeared an approximately 3mm red abrasion, and a scabbed 4mm area on distal of other area on toe, dry and no drainage noted.

Maceration between 3rd and 4th toe, appears white and moist. Stitches in tact. Skin surrounding wound appears dry, natural skin color, and no swelling noted.

Cleaned with normal saline and dried with gauze. Wound covered with 3/4th of non-adhesive Tefla and secured with 2 strips of tape.

Calm and cooperative. Normal steady gait. Made good eye contact.

PLAN:

Inmate ambulated back to housing unit.

Inmate to be seen tomorrow for dressing change.

Foot Issue

Spencer, Marvin 02/03/1963

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Mon, Jan 19, 2015 06:25 pm

Provider: Michelle Skroch, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/19/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Right foot wound recheck

OBJECTIVE:

Exams: Top half of wound scabbed over. Bottom half that is between the toes is closing, but still has maceration present. First layer of skin gone up to the ankles. 4th toes missing first couple layers of the skin - reddened but not open to deep layers of the skin. He reports that is from wearing jail shoes - that is why he wears his shower shoes in the right foot and normal jail shoe in the left foot. No odor. No swelling. No redness. Gait normal.

PLAN: Inmate advised to not pick at area - he got defensive and hostile to RN. 1 packet of antibiotic ointment given - instructed to apply after shower tonight and leave area open to air when going to bed. Also told to not spread 3rd and 4th toes apart. He verbalized understanding. Dr. Todd consulted - to check on foot daily, ok to leave open at this point.

EXHIBIT 85

Spencer, Marvin 02/03/1963

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Wed, Jan 28, 2015 04:53 pm

Provider: Michelle Skroch, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/28/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC: Sick call 1-28-15 "I want to request the side effects to the medication duloxetine HCL 30mg 2 caps Thank you."

PLAN: List of side reviewed with Np Gwen and sent to inmate. See paper chart.

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Spencer, Marvin 02/03/1963

NURSE NOTE/VERBAL ORDERS

Office/Outpatient Visit

Visit Date: Thu, Jan 29, 2015 10:20 pm

Provider: Alyssa Pfeifer, RN (Supervisor: Todd Leonard, MD)

Location: Sherburne County Jail Medical Unit

Electronically signed by provider on 01/29/2015 Printed on 07/17/2017 at 2:48 pm.

SUBJECTIVE:

CC:

Housing unit called reporting inmates HS blood sugar was 86 and refused to take Lantus 24 units and would like to take 15-16 units instead. CO informed inmate that its all 24 units or none at this point and would notify clinic. Inmate was given HS snack.

PLAN:

VORB form Dr. T.L. for:

Lantus 16 units subq now

Notified housing CO of provider's order and he read correct order back.

ADDENDUMS:

Addendum: 01/30/2015 10:41 AM - Leonard, Todd A

GB